



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH LAND AND WATER QUALITY DIVISION

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BACTERIOLOGICAL SAMPLE-SITING PLAN

A sample-siting plan is required for all Small Water Systems according to the California Code of Regulations, Title 22. This plan is an important element in the prevention of water borne illness because it is useful in quickly evaluating contamination events. If you have any questions regarding preparation of your plan, please contact Peter Neubauer, Environmental Health Specialist, at (858) 694-3113.

General Requirements

The bacteriological sample-siting plan must be representative of the water distribution system, it must describe sample rotation procedures; and it must include a statement about the training of the sample collector. The plan needs to include a system map that can be a one-page scaled drawing of the distribution system and water system facilities. The system map must identify:

- All sources of water supply
- All areas supplied by each water source
- All treatment facilities
- All distribution reservoirs/storage facilities
- All pressure zones in the distribution system
- All booster stations
- All pressure reducing stations, other than individual house service PR valves and
- All Sample Points (distinguish between routine, follow-up and/or special sample points)*.

**For each routine sample point, there must be an identified follow-up sample point, located within five (5) services "upstream" and "downstream" of the sample point.*

The supplier is required to update the plan to the Department at least once every ten years and at any time the plan no longer ensures representative monitoring of the system.

The bacteriological sample-siting plan must also include the following:

- Current number of service connections and/or the number of population served
- Description of each sample point (e.g. hose bib, goose neck type copper tube with pet cock, etc.)
- Address of each sample point
- Proposed sampling schedule for each identified routine sample point (e.g. weekly, every other week, monthly, quarterly, etc.)
- Sampler's name (experience and training)
- State Certified Laboratory doing the analyses and testing.

General Note: When selecting a sampling tap, it is important to ensure the tap is located in a clean environment. Consider protection from contamination by humans, animals, airborne materials or other sources. Use outside faucets that are clean, have been in frequent use, are at least 18 inches above the ground and discharge downward. Flush water for at least 2 minutes before collecting a sample. DO NOT sample from a hose.

System Information:

Name of Facility: _____ System Number: _____
Street Address: _____ Ph. No.: _____
Mailing Address: _____ Fax: _____
Service Connections: _____ Population Served: _____ Sampling Frequency: _____

Sample Collection:

All water samples will be collected by: _____
Name of Laboratory: _____
Mailing Address: _____
State Lab Code: _____ Phone #: _____ Fax #: _____
E-mail Address: _____

Treatment:

Is water continuously treated with chlorine? ☐ YES ☐ NO

Systems which provide continuous chlorine treatment are required to take samples of water prior to the addition of chlorine (raw water samples) on a quarterly basis. Please list below the sources which are continuously treated and the months when raw water samples will be taken:

1. _____ Months sampled: _____
2. _____ Months sampled: _____

Map of System:

A map of the distribution system showing the source (well, spring, etc.), storage tanks, treatment facilities, distribution piping, routine sample locations, and follow-up (repeat) sample locations is required. Have you enclosed this map? ☐ YES ☐ NO

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

1. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location:

2. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Routine Sample Location:

3. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Sample Locations:

The following describes each routine sample location, what months the location will be sampled, and where follow-up (repeat) samples will be taken in the event of a "positive" routine sample:

Routine Sample Location:

4. _____
(location name or address)

Water samples will be collected from this location during the months of (circle):

1 st Qtr:	Jan.	Feb.	Mar.
2 nd Qtr:	Apr.	May	Jun.
3 rd Qtr:	July	Aug.	Sept.
4 th Qtr:	Oct.	Nov.	Dec.

Description: _____
(hose bib, etc.)

Follow-up (repeat) Sample Location:

1. _____
(routine sample location name or address)

2. _____
(location name or address up-stream)

3. _____
(location name or address down-stream)

4. _____
(source)

Report Prepared by: _____

Signature and Title: _____ **Date:** _____

Bacteriological Sample-Siting Plan System Map

Name of System: _____

System No: _____

Street Address: _____

Date: _____